

JAN 31, 2016 TO Probate office

THIS AREA FOR OFFICIAL USE ONLY

ALABAMA FAIR CAMPAIGN PRACTICES ACT CANDIDATE / ELECTED OFFICIAL ANNUAL REPORT SUMMARY FORM 1A

FILED

JAN 05 2016

BOBBY M. JUNKINS
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate or Elected Official Kenneth Dixon		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) COUNCIL DISTRICT #2			
Address <input type="checkbox"/> Check box if reporting new address 1214 Old Boaz.			
City ATTALLA	State AL-	ZIP Code 35954	Telephone Number 256-504-0376

Type of Report (check one)

- Annual Report for Year 2015
- Termination Report
- Amended Annual Report for Year _____

SECTION I - Summary of activity from last filed report through December 31 of reporting year

1	Beginning balance (ending balance from previous filing)		1	
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a		
2b	Non-itemized cash contributions	2b		
2c	Total cash contributions (add lines 2a and 2b)	2c		\$0.00
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a		
3b	Non-itemized in-kind contributions	3b		
3c	Total in-kind contributions (add lines 3a and 3b)	3c		\$0.00
Receipts from Other Sources				
4	Total receipts from other sources (total from Form 4)		4	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a		
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c		\$0.00
6	Ending balance (add lines 1, 2c, & 4, then subtract line 5c)		6	\$0.00

SECTION II - Summary of activity for entire reporting year - January 1st through December 31st

7	Beginning balance (as of January 1 of reporting year)		7	
8	Total cash contributions for year		8	
9	Total in-kind contributions for year	9		
10	Total receipts from other sources for year		10	
11	Total expenditures for year		11	
12	Ending balance (add lines 7, 8, & 10, then subtract line 11)		12	\$0.00
13	Total campaign debt (total debt owed as of December 31)	13		

Sworn to and subscribed before me this 4th day of January of the year 2016. My commission expires the 02/02/2019 day of _____ of the year _____.

Sharon K. Jones
Signature of Notary Public

SHARON K. JONES
Print Notary's Name

As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are true and correct and that this information is a full and complete statement of all contributions, expenditures, and other required information during the applicable period of time.

Kenneth R Dixon 1/14/16
Signature of Candidate or Elected Official Date

FORM 2: CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: _____ PAGE _____ OF _____

The FCPA requires that those contributions greater than \$100 be itemized. **DO NOT LIST** in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		
TOTAL CASH CONTRIBUTIONS THIS PAGE								\$0.00

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		Business or Corporation	Individual	PAC	Other	Returned		
TOTAL CASH CONTRIBUTIONS THIS PAGE								\$0.00

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		Business or Corporation	Individual	PAC	Other	Returned		
TOTAL CASH CONTRIBUTIONS THIS PAGE								\$0.00

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		Business or Corporation	Individual	PAC	Other	Returned		
TOTAL CASH CONTRIBUTIONS THIS PAGE								\$0.00

FORM 3: IN-KIND CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: _____ PAGE _____ OF _____

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CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)								SOURCE (CHECK ONE)			DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC		
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE													\$0.00	

FORM 3: IN-KIND CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: _____ PAGE _____ OF _____

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CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)								SOURCE (CHECK ONE)				DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other		
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE														\$0.00	

FORM 4: RECEIPTS FROM OTHER SOURCES

LOANS/INTEREST/OTHER SOURCES OF INCOME TO CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: _____ PAGE _____ OF _____

The FCPA requires that those contributions greater than \$100 be itemized. **DO NOT LIST** cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN GUARANTORS [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT	
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other			
TOTAL RECEIPTS THIS PAGE												\$0.00	

ALABAMA FAIR CAMPAIGN PRACTICES ACT
FORM 5: EXPENDITURES

BY CANDIDATE OR ELECTED OFFICIAL - INCLUDING CONTRIBUTIONS TO OTHER CANDIDATES, POLITICAL PARTIES, AND POLITICAL COMMITTEES

NAME OF CANDIDATE / ELECTED OFFICIAL: _____ PAGE _____ OF _____

The FCPA requires that expenditures over \$100 be itemized.

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)										DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
TOTAL EXPENDITURES THIS PAGE												\$0.00	

ALABAMA FAIR CAMPAIGN PRACTICES ACT
FORM 5: EXPENDITURES

BY CANDIDATE OR ELECTED OFFICIAL - INCLUDING CONTRIBUTIONS TO OTHER CANDIDATES, POLITICAL PARTIES, AND POLITICAL COMMITTEES

NAME OF CANDIDATE / ELECTED OFFICIAL: _____ PAGE _____ OF _____

The FCPA requires that expenditures over \$100 be itemized.

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)										DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
TOTAL EXPENDITURES THIS PAGE												\$0.00	

